

1-1 By: Schwertner, Deuell S.B. No. 348
 1-2 (In the Senate - Filed February 4, 2013; February 5, 2013,
 1-3 read first time and referred to Committee on Health and Human
 1-4 Services; March 18, 2013, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 8, Nays 0;
 1-6 March 18, 2013, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16			X	
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 348 By: Schwertner

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to a utilization review process for managed care
 1-22 organizations participating in the STAR + PLUS Medicaid managed
 1-23 care program.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Subchapter A, Chapter 533, Government Code, is
 1-26 amended by adding Section 533.00281 to read as follows:

1-27 Sec. 533.00281. UTILIZATION REVIEW FOR STAR + PLUS MEDICAID

1-28 MANAGED CARE ORGANIZATIONS. (a) The commission's office of
 1-29 contract management shall establish an annual utilization review
 1-30 process for managed care organizations participating in the STAR +
 1-31 PLUS Medicaid managed care program. The commission shall determine
 1-32 the topics to be examined in the review process, except that the
 1-33 review process must include a thorough investigation of each
 1-34 managed care organization's procedures for determining whether a
 1-35 recipient should be enrolled in the STAR + PLUS home and
 1-36 community-based services and supports (HCBS) program, including
 1-37 the conduct of functional assessments for that purpose and records
 1-38 relating to those assessments.

1-39 (b) The office of contract management shall use the
 1-40 utilization review process to review each fiscal year:

1-41 (1) every managed care organization participating in
 1-42 the STAR + PLUS Medicaid managed care program; or

1-43 (2) only the managed care organizations that, using a
 1-44 risk-based assessment process, the office determines have a higher
 1-45 likelihood of inappropriate client placement in the STAR + PLUS
 1-46 home and community-based services and supports (HCBS) program.

1-47 (c) Notwithstanding Subsection (b), during the state fiscal
 1-48 biennium ending August 31, 2015, the office of contract management
 1-49 shall use the utilization review process to review every managed
 1-50 care organization participating in the STAR + PLUS Medicaid managed
 1-51 care program. This subsection expires September 1, 2016.

1-52 (d) In conjunction with the commission's office of contract
 1-53 management, the commission shall provide a report to the standing
 1-54 committees of the senate and house of representatives with
 1-55 jurisdiction over the Medicaid program not later than December 1 of
 1-56 each year. The report must:

1-57 (1) summarize the results of the utilization reviews
 1-58 conducted under this section during the preceding fiscal year;

1-59 (2) provide analysis of errors committed by each
 1-60 reviewed managed care organization; and

2-1 (3) extrapolate those findings and make
2-2 recommendations for improving the efficiency of the program.

2-3 (e) If a utilization review conducted under this section
2-4 results in a determination to recoup money from a managed care
2-5 organization, a service provider who contracts with the managed
2-6 care organization may not be held liable for the good faith
2-7 provision of services based on an authorization from the managed
2-8 care organization.

2-9 SECTION 2. The Health and Human Services Commission shall
2-10 provide the first report required by Subsection (d), Section
2-11 533.00281, Government Code, as added by this Act, not later than
2-12 December 1, 2014.

2-13 SECTION 3. If before implementing any provision of this Act
2-14 a state agency determines that a waiver or authorization from a
2-15 federal agency is necessary for implementation of that provision,
2-16 the agency affected by the provision shall request the waiver or
2-17 authorization and may delay implementing that provision until the
2-18 waiver or authorization is granted.

2-19 SECTION 4. This Act takes effect immediately if it receives
2-20 a vote of two-thirds of all the members elected to each house, as
2-21 provided by Section 39, Article III, Texas Constitution. If this
2-22 Act does not receive the vote necessary for immediate effect, this
2-23 Act takes effect September 1, 2013.

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